

ADULT SOFTBALL ROSTER

LODI PARKS AND RECREATION DEPARTMENT
125 N. STOCKTON ST., LODI, CA. 95240
OFFICE 333-6742 FIELD CONDITIONS 333-6744
ADULT SPORTS 333-6800 x2450

SELECT ONE

| | |
|---|--|
| Women Slow Pitch \$300 Recware code 5216.2001 | Mens Recreation Slow Pitch (Unlimited Pitch Height) \$300 Recware code 52161002 |
| Coed Slow Pitch \$325 Recware code 5216.3001 | Mens Competitive Slow Pitch \$300 Recware code 5216.1001 |

please print clearly

TEAM NAME _____

TEAM NAME summer 2005 _____ team name fall 2005 _____

MANAGER'S NAME _____

STREET ADDRESS _____

CITY _____ ZIP _____

PHONE (home) _____ (work) _____

MANAGER'S e-mail _____ fax _____

All schedules and correspondence will be mailed to the above.

ALTERNATE CONTACT _____

PHONE (home) _____ (work) _____

LEVEL REQUESTED: (circle) above average average not so good

ALL DECISIONS WILL BE FINAL IN CLASSIFICATION OF TEAMS.

TEAMS MAY BE SCHEDULED TO PLAY ANY NIGHT OF THE WEEK

MANAGER:

EACH PLAYER LIVING OUTSIDE THE LODI CITY LIMITS IS REQUIRED TO PAY A \$20.00 NON-RESIDENT FEE ANNUALLY (Jan. 31-Dec. 31). ALL NON-RESIDENTS MUST BE MARKED ON THE REVERSE SIDE. Player eligibility is defined by two terms: residents are those who live inside the city limits of Lodi; non-residents are all others.

ALL ADD-ON OR LATE ADDITION PLAYERS MUST CONFORM TO THE ABOVE REQUIREMENTS.

Manager must sign below to indicate that the above information is true and correct to the best of your knowledge.

X _____ date _____

for office use only

DATE RECEIVED _____ BY _____ CHECK # _____

TEAM FEE \$ _____

NON-RESIDENT FEE # OF PLAYERS _____ x \$20 = \$ _____

TOTAL \$ _____

DIVISION ASSIGNED _____

DIVISION LAST SEASON _____ RECORD _____ - _____

genericrost rev. 1-5-06

PLAYER ROSTER, WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT FOR LODI ADULT SOFTBALL LEAGUE

NOTICE: All players must sign the roster. I, the undersigned player, acknowledge, agree and understand that: (1) Voluntarily and of my own free will, I elect to participate as a member of this softball team and the above indicated league. (2) I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. (3) I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. (4) I understand that the very nature of the game of softball is hazardous and risky, including but not limited to, the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury to me and to other players. Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for the team or league: (1) I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated,)b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play. (2) I release, discharge and agree not to sue the team and league designated above, the field owner, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of America for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. There is no accident insurance for the participants in this program. I hereby give the City of Lodi, and the Parks and Recreation Department full permission to use, publish, and copyright photographic prints or other reproductions from all negatives and other sources made of me, either in conjunction with or without using my name for publication, promotion, advertising, or display purposes.

TEAM NAME: _____ (Adults living outside the City limits must pay \$20.00/participation fee.)

| | NAME (PLEASE PRINT) | SIGNATURE | STREET ADDRESS, ZIP | AGE | PHONE | TEAM LAST YEAR | CITY LIMITS RESIDENT |
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